

191593

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for new  
Class C - Taxi  
Authority

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008-126 T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: David Poulos

Address: 2 Shamrock Circle  
Murrells Spett, SC  
29576

Telephone: (843) 450-0037

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Application - Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other:  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
ATTN: DOCKETING DEPARTMENT  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - TAXI

DATE 3/27, 2008

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

David Poulos

dba: Sky Taxi

2. (a) Street Address of Applicant 2 Shamrock Circlce

Murrells Inlet, SC 29576

(b) Mailing address, if different from street address \_\_\_\_\_

(c) Telephone Number (843) 450-0037 Fed. ID # 143-48-0818

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Assets:</b>	
Cash	1,000.00
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	1,000.00
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	1,000.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA, |

COUNTY OF Horry |

I, David Poulos, Owner

(Name of Applicant's Representative)

(Title)

of Sky Taxi, the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above  
Application are true and correct.

SWORN TO BEFORE ME

At Myrtle Beach, SC

This the 27 day of March 2008

(Notary Public)

(Signature of Applicant's Representative)

Commission Expires: 9/12/15

EXHIBIT C

CLASS C - TAXI X

CHARTER \_\_\_\_\_

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

Columbia, South Carolina

Applicant David Poulos, dba: Sky Taxi

For the transportation of passengers as follows:

Area to be served: Unlimited

Number of passengers: 7

Fares: \$2.40 per mile

=====

Date 3/27/08

David Poulos  
By

Owner

Title

Rev.10/03

## EXHIBIT D

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

### DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier.

David Poulos, dba: Sky Taxi  
(Applicant)

Date: 3/27/08

Daniel Paulos  
(Applicant's Representative)

Owner \_\_\_\_\_  
(Title)

## INSURANCE QUOTE

The following insurance quote is for:

David Poulos, dba: Sky Taxi

(Name of Motor Carrier)

2 Shamrock Circle, Murrells Inlet, SC 29576

(Address of Motor Carrier)

### Amount of Premium:

Liability Insurance      3,544.00

The above quoted premium is for a term of 12 months.

### **Minimum Limits - Intrastate Only:**

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Gateway Ins.

(Insurance Company Name)

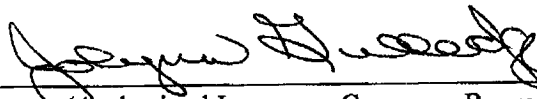
P.O. Box 20038, St. Louis, MO 63144

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/27/08

Date

  
\_\_\_\_\_  
(Authorized Insurance Company Representative)

Rev 5/07

STATE OF SOUTH CAROLINA  
OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT

\* IMPORTANT CHANGES TO DECAL APPLICATION PROCESS \*

The Law requires that you secure licenses on or before January 1, 2008. Enforcement for the period January 1, 2008 through June 30, 2008 will begin January 1, 2008.

UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JANUARY 1, 2008, A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD RESULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.

Your correct name is on the enclosed forms to assist you in ordering your First-Half Year 2008 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s), use the empty weight of your vehicle listed on the title or registration card.

Please destroy old decal(s) once you have secured the decal(s) for the new period.

**IMPORTANT CHANGE:** License decals MAY be purchased by submitting a: business and/or personal check, money order, certified/cashier check or cash. All checks must be made payable to the Office of Regulatory Staff.

All completed applications and applicable fees should be mailed to:

State of South Carolina  
Office of Regulatory Staff  
Transportation Department  
1441 Main Street, Suite 300  
Columbia, SC 29201

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before December 15, 2007.

STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT  
1441 MAIN STREET, SUITE 300  
COLUMBIA, S.C. 29201  
(803) 737-0800

APPLICATION FOR LICENSE DECAL

**INSTRUCTIONS:**

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. **BUSINESS AND/OR PERSONAL CHECKS, CASH, MONEY ORDER, CERTIFIED, OR CASHIER'S CHECK MUST BE PAYABLE TO THE OFFICE OF REGULATORY STAFF.**
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, 1441 Main Street, Suite 300, Columbia, SC 29201.
5. **NEW REQUIREMENT FOR CLASS C CHARTER MOTOR CARRIERS:** You are **REQUIRED** to complete the Owner of Vehicle Information. Applications received without the required information will be returned unprocessed.

CLASS C

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending June 30, 2008

Certificate Holder: David Poulos, dba: Sky Taxi

2 Shamrock Circle, Murrells Inlet, SC 29576

Mailing Address

2 Shamrock Circle, Murrells Inlet, SC 29576

Street Address if Different From Mailing Address

City, State and Zip Code

(843) 450-0037

Telephone No.

Owner of Vehicle Same as above

Name as Listed on the Title or Registration

City, State and Zip Code

**VEHICLE IDENTIFICATION**

Make of Vehicle Ford  
Body Type Crown Vict

Seating Capacity 7

VIN Number 186377  
(Last 6 digits)

Empty Weight 3700

Year Model 1995

FEE \$ 17.50

\*\*\*\* IMPORTANT \*\*\*\* A current annual report and required insurance documents must be on file with the Office of Regulatory Staff before any decal(s) will be issued.

\*\*\*\* FARES OR CHARGES (List maximum rates only; mandatory to receive decal)

\$2.40 per Mile

APPLICANT'S SIGNATURE: David Poulos

FORM LT-P (REV. 05/07)